

F11000004380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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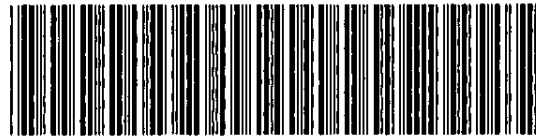
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 02 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WELLINGTON INSURANCE COMPANY

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carolyn B. Hyman

Name of Person

WELLINGTON INSURANCE COMPANY

Firm/Company

6801 Calmont Avenue

Address

Fort Worth, TX 76116

City/State and Zip code

gbenton@wellingtoninsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn B. Hyman at (817) 732-2111 Ext 2033

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Wellington Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas, USA

(State or country under the law of which it is incorporated)

3. 13-3352329

(FEI number, if applicable)

4. _____

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6801 Calmont Avenue - Fort Worth, TX 76116-4108

(Principal office address)

P. O. Box 230 - Fort Worth, TX 76101

(Current mailing address)

8. Property & Casualty insurance company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr, Suite 4

Weston

(City)

33331

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.



(Registered agent's signature)

Norine Nagel-Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Paul R. Poston

Address: 6801 Calmont Avenue
Fort Worth, TX 76116-4108

Vice Chairman: M. Sean McPadden

Address: 6801 Calmont Avenue
Fort Worth, TX 76116-4108

Director: Jan M. Dittmar

Address: 6801 Calmont Avenue
Fort Worth, TX 76116-4108

Director: Steven C. Ferguson

Address: 6801 Calmont Avenue
Fort Worth, TX 76116-4108

B. OFFICERS

President: Paul R. Poston

Address: 6801 Calmont Avenue
Fort Worth, Tx 76116-4108

Vice President: M. Sean McPadden

Address: 6801 Calmont Avenue
Fort Worth, TX 76116-4108

Secretary: Carolyn B. Hyman

Address: 6801 Calmont Avenue - Fort Worth, TX 76116-4108

Treasurer: Gregory A. Bradshaw

Address: 6801 Calmont Avenue - Fort Worth, TX 76116-4108

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Paul R. Poston, President

(Typed or printed name and capacity of person signing application)

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ADDITIONAL DIRECTORS AND OFFICERS:

DIRECTORS:

Carolyn B. Hyman
6801 Calmont Avenue
Fort Worth, TX 76116

Nathan W. Head
6801 Calmont Avenue
Fort Worth, TX 76116

Gregory A. Bradshaw
6801 Calmont Avenue
Fort Worth, TX 76116

OFFICERS:

Gregory A. Bradshaw, Treasurer
6801 Calmont Avenue
Fort Worth, TX 76116

Steven C. Ferguson, Vice President
6801 Calmont Avenue
Fort Worth, TX 76116

Jan M. Dittmar, Vice President
6801 Calmont Avenue
Fort Worth, TX 76116

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TALLAHASSEE, FLORIDA

Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

[illegible]

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for WELLINGTON INSURANCE COMPANY,
Fort Worth, Texas, No. 14644, dated July 9th, 2008, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 9th day of September 2011.

ELEANOR KITZMAN
COMMISSIONER OF INSURANCE

BY:

Jeff Hunt, Admissions Officer
Company Licensing & Registration Division
Commissioner's Order No. 10-1106

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-SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Texas Department of Insurance



Certificate No. 14644

Company No. 07-095766

Certificate of Authority

THIS IS TO CERTIFY THAT

WELLINGTON INSURANCE COMPANY

FORT WORTH, TEXAS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Inland Marine; Accident; Health; Workers' Compensation & Employers' Liability; Automobile--Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft and Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

9th day of July A.D. 2008

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY

Godwin Ohacchesi

Godwin Ohacchesi, Director
Company Licensing & Registration